

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000102586

Entity Name: BRIGHTSIDE INSURANCE ASSOCIATES LLC

Current Principal Place of Business:

8713 PALM RANCHES PL
TAMPA, FL 33614

Current Mailing Address:

8713 PALM RANCHES PL
TAMPA, FL 33614 US

FEI Number: 92-2727189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARTEE, AUSTIN JAMES
8713 PALM RANCHES PL
TAMPA, FL 33614 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AUSTIN PARTEE

02/07/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	KARLS, COLLIN A	Name	PARTEE, AUSTIN J
Address	8713 PALM RANCHES PL	Address	8713 PALM RANCHES PL
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AUSTIN PARTEE

CEO

02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date